

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 ✓	
11 ✓	
12 ✓	
13 ✓	
14 ✓	
15 ✓	
16 ✓	=
17 ✓	
18 ✓	N
19 ✓	
20 ✓	
21 ✓	
22 ✓	
23 ✓	
24 ✓	
25 ✓	
26 ✓	
27 ✓	
28 ✓	
29 ✓	
30 ✓	
31 ✓	
32 ✓	
33 ✓	N
34 ✓	
35 ✓	
36 ✓	
37 ✓	
38 ✓	
39 ✓	
40 ✓	N
41 ✓	=
42 ✓	
43 ✓	
44 ✓	
45 ✓	
46 ✓	
47 ✓	
48 ✓	=
49 ✓	=
50 ✓	

Claim	Date
Final Original	
51 ✓	
52 ✓	
53 ✓	
54 ✓	
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58 ✓	
59 ✓	
60 ✓	
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Claim	Date
Final Original	
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146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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